

**Virginia Department of Health - Office of Emergency Medical Services  
109 Governor Street, Suite UB-55 - Richmond, Virginia 23219**

**ACKNOWLEDGMENT OF VOLUNTARY INACTIVATION  
OF STATE EMS CERTIFICATION**

**REQUEST FOR INACTIVATION OF CURRENT EMS CERTIFICATION**

The person named below has applied to the Virginia Office of EMS for VOLUNTARY INACTIVATION of their Virginia EMS provider certification status at the following level:

☐ First Responder    ☐ EMT-Basic    ☐ EMT-Shock-Trauma    ☐ EMT-Enhanced  
☐ EMT-Cardiac    ☐ EMT-Intermediate    ☐ EMT-Paramedic    ☐ EMT-Instructor

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SS# \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE CERTIFICATION # \_\_\_\_\_ (If different)

**OPTIONAL INFORMATION:** (Completion not required)

- 1) Is maintenance of current certification at the above level a mandatory requirement for continued membership/employment with this EMS agency? YES \_\_\_\_ NO \_\_\_\_
- 2) Is maintenance of current certification at the above level a mandatory requirement for continued service in a specific capacity, position or job classification with this EMS agency? YES \_\_\_\_ NO \_\_\_\_

**PROVIDER ACKNOWLEDGMENT:**

Upon receipt of this acknowledgment, the EMS certification indicated above will be recorded as INACTIVE in the Virginia Office of EMS records system. Once placed into INACTIVE status, the provider will no longer be authorized to practice at the indicated INACTIVE level in any capacity which required this certification level under the Virginia Rules & Regulations Governing EMS. However, INACTIVE status does not prohibit participation in continuing education programs nor award of CE credit at the INACTIVE level.

If the level requested to be INACTIVATED is an advanced life support or instructor level, the individual will revert to EMT-Basic certification status as their highest authorized level of practice. Such EMT-Basic certification shall remain valid for the remainder of the INACTIVE certification period plus two additional years.

Once placed in INACTIVE status, such certification may not be reinstated for a **minimum period of six(6) months** from the effective date issued by the Office of EMS.

Applicant Signature: \_\_\_\_\_

(Continued over)

**AFFILIATION INFORMATION:**(To be completed by each EMS agency=s Operational Medical Director -  
Submit a separate form for each supervising OMD)

EMS Agency(ies) of Affiliation:

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1) Is this person currently practicing in a state licensed EMS agency(ies) for which you serve as the Operational Medical Director? YES \_\_\_\_ NO \_\_\_\_

If YES, what certification level is currently practiced:(check one) \_\_\_\_ First Responder \_\_\_\_ EMT-Basic  
\_\_\_\_ EMT-Shock-Trauma \_\_\_\_ EMT-Cardiac \_\_\_\_ EMT-Paramedic \_\_\_\_ EMT-Instructor

**LEGAL/DISCIPLINARY RESTRICTIONS:**

2) Is this person=s membership/employment currently under investigation, suspension or revocation by this EMS agency: YES \_\_\_\_ NO \_\_\_\_

If YES, explain:

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3) To your agency=s knowledge, has this person EVER been convicted of a FELONY: YES \_\_\_\_ NO \_\_\_\_

If YES, did this FELONY involve a crime of a sexual nature: YES \_\_\_\_ NO \_\_\_\_

Operational Medical Director:

	Printed Name	Signature	State
OMD#			

Phone number to contact above OMD: (\_\_\_\_\_) \_\_\_\_\_

Thank you for providing this information - Mail this form directly to the address above -  
Do not return to provider for mailing.

**OFFICE OF EMS USE ONLY**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved:\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial:\_\_\_\_\_

If Approved, effective date of INACTIVE Status: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Entered into records system)

Entered into system by: \_\_\_\_\_

*IF MULTIPLE OMD FORMS RECEIVED - FILE ALL FORMS TOGETHER*